AstraZeneca

OCT 25 2005

Dockets Management Branch
(HFA-305)
Food and Drug Administration
5630 Fishers Lane
Room 1061
Rockville, MD 20852

Re: Docket Number 2005D-0390
Response to FDA Call for Comments
Revision of the ICH Guideline on Clinical Safety Data Management:
Data Elements for Transmission of Individual Case Safety Reports E2B(R)

Dear Sir or Madam:

Reference is made to the October 3, 2005 Federal Register notice announcing the request for comments on the ICH Guideline on Clinical Safety Data Management: Data Elements for Transmission of Individual Case Safety Reports E2B(R).

AstraZeneca has reviewed this guidance and our comments are attached.

Please direct any questions or requests for additional information to me, or in my absence, to Lynn D. Carrero, Group Leader, Safety Analysis and Reporting Systems, at (302) 886-3990.

Sincerely,

Donna M Whiting

Donna M. Whiting
Global Head, Regulatory Systems Management
AstraZeneca Regulatory Affairs
Telephone: (302) 886-2133
Fax: (302) 885-9186

Enclosure

2005D-0390 C1

US Regulatory Affairs
AstraZeneca LP

AstraZeneca comments on the draft guidance:

REVISION OF THE ICH GUIDELINE ON CLINICAL SAFETY DATA MANAGEMENT:

DATA ELEMENTS FOR TRANSMISSION OF INDIVIDUAL CASE SAFETY REPORTS

E2B(R)

AstraZeneca considers E2B(R) to represent a significant advance on E2BM and is therefore welcome and its implementation will be worth the effort that will be required.

AstraZeneca has the specific comments detailed below:

Line number	Element number	Element name	Comment
415	A.2.3.1	Study name	Guidance states: 'Study name as approved by the regulator in each region'. We assume that this indicates the need for local language here: ie cases submitted in Japan would use Japanese. It should also be noted that the E2BM field is much too short. A length of 1000 characters would be better.
654	B.1.10.7.1	Relevant medical history Structured information (parent)	Should Family History be added as a column?
861 - 865	B.4.k.4.1-5	Structured dosage information	The guidance 'If any of these pieces of information is unknown, the field should be left blank' opens the way to transmission of nonsense data. If a quantity is given in 1 then a unit should be specified in 2 and vice versa. We would prefer specific extra codes for 'daily' etc in 5 rather than having the interpretation rest on omitted data.
865	B.4.k.4.5	Definition of the interval unit	In E2BM (and E2BR) Attachment 1 gives a full interval list from Minutes to Total. However DTD 2.1 for definition of the interval is a subset (Minute to Year). If dosing information is to be made more flexible by allowing B.4.k.4 items to be omitted it would make sense to allow access to the full interval codelist.
916	B.4.k.6	Pharmaceutical dose form	Should be at the level of the dose.

Line number	Element number	Element name	Comment
925	B.4.k.7	Route of administration	Should be at the level of the dose.
937	B.4.k.8	Parent route	Should be at the level of the dose
979	B.4.k.12	Drug-reaction(s)/event(s) matrix	It is possible to have more than one event with the same MedDRA LLT code (we have seen this with imported data). In the data structure as proposed where the only linkage is via the LLT it is not possible to distinguish the two. Adding the sequence number ('i') from B.2 would solve this problem. It would be helpful if the example matrix could include the use of B.4.k.12.3 and B.4.k.12.4 but we anticipate that the DTD will make this clear.
1040	B.4.k.13	Additional information	The comment relating to cases where the suspect drug was taken by the father only applies to miscarriage etc as described in B.1. In parent child cases the sex of the parent is indicated in B.1.10.6
1048	B.5	Narrative case summary and further information	This is indicated as a repeating block: is this correct?